

**WEST VIRGINIA INSURANCE COMMISSIONER  
Agents Licensing & Education  
PO BOX 50541  
CHARLESTON WV 25305-0541  
(304) 558-0610**

**REINSTATEMENT FORM  
Due to Non-Compliance with Continuing Education**

WV License # \_\_\_\_\_

PRINT Full Name:

\_\_\_\_\_  
(Last Name – First -- Middle)

Home Address: \_\_\_\_\_  
\_\_\_\_\_

☐ Check if this is a new address

**Residents** -- If you have moved from West Virginia to another state, contact our office before proceeding.

I understand the above referenced license was Suspended for non-compliance with continuing education requirements for the reporting period that began 7-1-2000 and ended 6-30-2003.

Attached are copies (keep originals for your records) of course completion certificates that will be applied to my record for the reporting period that ended 6-30-2003. I understand that, once my license has been reinstated to active status, I must pursue additional continuing education courses for the period that began 7-1-2003 and will end 6-30-2006.

I further understand that I must be re-appointed to any insurance company I intend to represent in West Virginia and I will contact the company(ies) and advise them to submit the proper appointment and fee to the West Virginia Insurance Department.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**No Fee is required for reinstating a license that was Suspended for non-compliance with continuing education.**

Mail form and attachments to:  
West Virginia Ins. Comm.  
Agents Licensing & Education  
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Charleston WV 25305-0541